

PTO/SB17 (12-04)

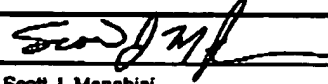
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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618). FEE TRANSMITTAL FOR FY 2005 Express Mail Label No.		Complete if Known Application Number 10/702,202 Filing Date November 4, 2003 First Named Inventor RUS8 Examiner Name PATEL, Ashok Art Unit 2879 Attorney Docket No. 81163/7114	
<input type="checkbox"/> Applicant Claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (8)260.00			

METHOD OF PAYMENT (Check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account Deposit Account Number: 06-1135 Deposit Account Name: Fitch, Even, Tabin & Flannery For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge Fee(s) indicated below <input type="checkbox"/> Charge Fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING FEE, SEARCH, AND EXAMINATION FEES								
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)	
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)		
Utility	300	150	500	250	200	100		
Design	200	100	100	50	130	65		
Plant	200	100	300	150	160	80		
Reissue	300	150	500	250	600	300		
Provisional	200	100	0	0	0	0		
2. EXCESS CLAIM FEES								
Fee Description Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent Multiple dependent claims							Fee (\$) 50 200 360	Small Entity Fee (\$) 25 100 180
Total Claims -20 or HP = _____ X _____ = _____ HP = highest number of total claims paid for, if greater than 20		Extra Claims Fee (\$) _____		Fee Paid (\$) _____		Multiple Dependent Claims Fee (\$) _____		Fee Paid (\$) _____
Indep. Claims -3 or HP = _____ X _____ = _____ HP = highest number of independent claims paid for, if greater than 3		Extra Claims Fee (\$) _____		Fee Paid (\$) _____				
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) For each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(e).								
Total Sheets -100= _____ /50= _____ (round up to a whole number) X _____ = _____		Extra Sheets _____		Number of each additional 50 or fraction thereof _____		Fee (\$) _____		Fee Paid (\$) _____
4. OTHER FEE(S)								
Non-English Specification, \$130 fee (no small entity discount)							_____	
Other: Terminal Disclaimer Fee under 37 CFR 1.20(d), Fee Code 1814, \$130 each - Submitting Two Disclaimers							\$260.00	

SUBMITTED BY			
Signature 	Registration No. (Attorney/Agent) 42,880	Telephone (858)562-1211	
Name (Print/Type) Scott J. Menghini	Date December 20, 2004		

This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 37 U.S.C. 123 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1479 Alexandria, VA 22313-1450. DO NOT SEND THIS OR COMPLETED FORMS TO THIS ADDRESS.

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